

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F24866

FILED
Jan 16, 2004
Secretary of State

Entity Name: JOSEPH NATIONAL BUSINESS, INC.

Current Principal Place of Business:

5220 NW 72ND AVE., #27
MIAMI, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

5220 NW 72ND AVENUE
27
MIAMI, FL 33166 US

New Mailing Address:

FEI Number: 59-2091236 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SILVA, ANA M.
2294 SW 58TH AVE
MIAMI, FL US

Name and Address of New Registered Agent:

SILVA, ANA M.
10355 SW 68TH ST
MIAMI, FL 33173 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

01/16/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: SILVA, MILTON E,
Address: 2294 SW 58TH AVE.
City-St-Zip: MIAMI, FL

Title: DP () Delete
Name: SILVA, ANA M,
Address: 2294 SW 58TH AVE.
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: SILVA, NATALIA M
Address: 10355 SW 68TH STREET
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: SILVA, MILTON E,
Address: 10355 SW 68TH ST
City-St-Zip: MIAMI, FL 33173

Title: DP (X) Change () Addition
Name: SILVA, ANA M,
Address: 10355 SW 68TH ST
City-St-Zip: MIAMI, FL 33173

Title: D (X) Change () Addition
Name: TOMAS, NATALIE M
Address: 10355 SW 68TH STREET
City-St-Zip: MIAMI, FL 33173

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANA MARIA SILVA

DP

01/16/2004

Electronic Signature of Signing Officer or Director

Date